

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

700 APR 23 PM 1: 39

Fill in Reporting Period dates: Beginning Date: Ma	ar 16, 2010 Ending Date: 4-23-2010 File With City or Town Clerk or Election Commission 4-23-2010
Type of Report: (Check one)	□ 30 day after election □ year-end report □ dissolution
Candidate Full Name (if applicable)	Amherst Taxpayers For Responsible change Committee Name
Office Sought and District	Stanley F. Gawle Name of Committee Treasurer
Residential Address Telephone Number (optional):	Telephone Number (optional):
SUMMARY BALAN	NCE INFORMATION:
Line 1: Ending Balance from previous report	\$37.58
Line 2: Total receipts this period (page 3, line 1	\$498.00
Line 3: Subtotal (line 1 plus line 2)	\$535.58
Line 4: Total expenditures this period (page 5, 1	line 14) \$459.68
Line 5: Ending Balance (line 3 minus line 4)	\$75.90
Line 6: Total in-kind contributions this period (p	page 6) \$0.00
Line 7: Total (all) outstanding liabilities (page 7	7) \$0.00
Line 8: Name of bank(s) used: Greenfield Savings	is Bank
	the best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55 [Treasurer's signature] Date: 4-23-2010 box only) the best of my knowledge and belief, a true and complete statement of all campaign finance accordance with the requirements of M.G.L. c. 55. I have not received any contributions.
Candidate without Committee OR Candidate with independent activity filing: I certify that I have examined this report including attached schedules and it is, to the finance activity, including contributions, loans, receipts, expenditures, disbursement campaign finance activity of all persons acting under the authority or on behalf of the contributions.	the best of my knowledge and belief, a true and complete statement of all campaign nts, in-kind contributions and liabilities for this reporting period and represents the
Signed under the penalties of perjury	(Candidate's signature) Date:

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
3-18-2010	Dorothy A. Gawle 611 North East St. Amherst, Ma 01002	\$258.00	retired
		f.	
Line 9: Total Rece	ipts over \$50 (or listed above)	\$258.00	<u>L</u>
Line 10: Total Rece	eipts \$50 and under* (not listed above)	\$240.00	
	RECEIPTS IN THE PERIOD	\$498.00	← Enter on page 1, line 2 d include only those receipts not itemized above.

^{* 1}f you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES (continued)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
3-18-10	Daily Hampshire Gazette	115 Conz St. Northampton, MA 01060	ad	\$0.00
				Paratomorphism and an analysis
		Line 12: Expenditures over \$:	50 (or listed above)	\$459.68
		Line 13: Expenditures \$50 and		\$0.00
		Line 14: TOTAL EXPENDI	TURES IN THE PERIOD should include only those expenditures	\$459.68

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15: In-Kind Contributions	over \$50 (or listed above)	\$0.00
		Line 16: In-Kind Contributions \$	550 & under (not listed above)	\$0.00
Enter on page 1, line 6 → Line 17: TOTAL IN-KIND CONTRIBUTIONS			\$0.00	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

ate Incurred	To Whom Due	Address	Purpose	Amount
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	\$0.00